

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

1. FILING NO. _____

2. FILING DATE _____

3. APPLICANT(S): _____

4. CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	2					
12	2					
13	2					
14	2					
15	2					
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21	2					
22	2					
23	2					
24	2					
25	2					
26	1					
27	1					
28	1					
29	1					
30	2					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND	2					
TOTAL DEP	55					
TOTAL CLAIMS	60					

	* IND.		* DEP.		* IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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100						
TOTAL IND						
TOTAL DEP						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS